

EQUIPMENT REPORT

Michigan Department of Health & Human Services

CERTIFICATE OF NEED

South Grand Building
333 S. Grand Avenue, 4th Floor
Lansing, Michigan 48933

Phone: (517) 241-3344 - Fax (517) 241-2962

AUTHORITY: PA 368 of 1978, as amended COMPLETION: Is Voluntary , but is required to obtain a Certificate of Need. If NOT completed, a Certificate of Need will NOT be issued.	The Department of Health & Human Services is an equal opportunity employer, services and programs provider.
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1. Does the project involve the addition of new equipment? <input type="checkbox"/> NO (skip to item 2) <input type="checkbox"/> YES (If yes, explain below. Use additional sheets as needed and attach at the end of this form.)
EXPLAIN: Provide the specific location for the equipment placement, e.g., floor, building, room, etc.
2. Does the project involve replacement of existing equipment? <input type="checkbox"/> NO <input type="checkbox"/> YES
3. Is this the same location as the existing equipment? <input type="checkbox"/> NO <input type="checkbox"/> YES
4. Identify the existing location, e.g., floor, building, room, etc.
5. How will the present equipment be disposed of, e.g., trade-in?
6. What is the age of the existing equipment?
7. What is the average useful life of the existing equipment?
8. What is the average useful life of the proposed equipment?
9. Over how many years will the value of the new equipment be depreciated?
10. What method of depreciation is used.
11. Does the project require any new construction and/or renovation? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain below)

12. In chart form, outline both the existing and proposed capability/capacity of the department involved, e.g., 3 general radiology rooms, 1 multi-purpose special radiological room, 1 cardiac catheterization lab, 2 pieces of portable x-ray equipment, etc. **(You may attach a separate sheet/chart.)**

13. Does this project increase or enhance the capability or capacity of the department involved?

☐ **NO**

☐ **YES** (If yes, explain below)

EXPLAIN: Provide details, e.g., advanced technology increases image resolution, etc.

14. What is the capacity volume of proposed equipment? Specify how this was determined.

15. Provide an economic justification of the replacement/acquisition using a cost/benefit analysis. If a positive economic benefit cannot be shown, include a discussion of service and need-related factors.

16. What are the present and the proposed hours of operation of this department?

17. How many hours per week is the existing equipment down for scheduled maintenance?

18. How many hours per week is the existing equipment down for unscheduled maintenance?